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United States Patent and Trademark Office

DEWIPAT File No. 30.024.42.US

Form PTO/SB/122
(Modified)

**Change of Correspondence Address
Application**

2004

Application No.	10/817,500	Attorney Docket	ARC2258C1
Filing Date	2004-04-02	Customer No.	
Applicant	Frank Jao et al.	Confirmation No.	3152
Examiner		Art Unit	1615
Title	Antiepileptic Dosage Form and Process for Protecting Antiepileptic Drug		

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number:

OR

<input type="checkbox"/> Firm/Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number **42,254**.
- ☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number ____.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Printed Name	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>		
Date	<input type="text" value="8/4/2004"/>	Telephone	281-477-3450

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of ____ forms are submitted.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.